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ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module's learning objectives address: (1) the development and promotion of healthy attachment of foster children to their biological and foster parents; (2) identification of attachment problems; (3) management of behavior problems of poorly attached children; and (4) long-term effects of poor attachment. The module consists of four lectures. Each lecture includes reading material and exercises for individuals or groups. Lecture 1 considers the process of children establishing healthy attachments to parents. Also provided is a reading on infants' inner and outer experiences. Lecture 2 considers failures in the attachment process. These failures may be the result of problems with the infant or the environment. Lecture 3 describes securely attached, insecurely attached, poorly attached, and unattached children. Factors to be considered in the assessment of children's attachment are listed. Lecture 4 describes appropriate responses for foster parents to make to various problem behaviors of children. A list of seven references is provided. A five-page form for evaluating the module is included. (BC)

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FOSTERING FAMILIES

Exploring Attachment to Primary Caregivers

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Department of Social Work
Colorado State University
Fort Collins, CO 80523

Designed in Consultation with the Colorado Department of Social Services
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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

EXPLORING ATTACHMENT TO PRIMARY CAREGIVERS

Mona Struhsaker Schatz, D.S.W.
Project Director Co-Author & Editor

Co-Authors:

Tim Faust, L.S.W.
David Glenn, L.C.S.W.
Beverly Penka Lloyd, M.S.W.

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7/91

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FOSTERING FAMILIES

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed 3 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered, in specific levels, as upper-division college classwork in the Social Work Department done in concert with the Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

About the Authors

Mona Struhsaker Schatz, D.S.W., serves as the project director for Fostering Families and Associate Professor in the Social Work Department. She received her master's in social work (M.S.W.) from the University of Denver (1979) and her doctorate from the University of Pennsylvania (1986). Since 1972, Dr. Schatz has worked in child welfare and children's services in Colorado and several other states. In the 1970's, Dr. Schatz served as a foster parent. In the 1980's she served on Greene County Missouri's Permanency Planning Committee. Since returning to Colorado, she has researched and written in the field of foster care.

Timothy Phillip Faust, M.S.W. is a licensed clinical social worker. For the past 20 years, he has consulted with many organizations, institutions, Boards and agencies serving children, teens and families. He is the co-founder and past Director of the Attachment Center in Evergreen (formerly called the Human Development and Research Center of the Colorado Youth Behavior Program). Mr. Faust worked with Foster Cline, M.D. and acknowledges Dr. Cline's creative influence upon his professional writing and practice. Currently, he does family practice at the St. Joseph's Counseling Center in Fort Collins and consults with the Wyoming Department of Social Services and the Poudre Valley School District #1.

David Glenn, L.C.S.W., is the Training Coordinator and serves as a Clinical Assistant Professor in the Department of Psychiatry, Baylor College of Medicine. His career has been divided among teaching child development, training psychotherapists and his own clinical practice. His special interest is problems of early adolescence.

Beverly Penka Lloyd, M.S.W., a graduate of the social work program at Colorado State, served as a project staff member during her graduate studies. Ms. Lloyd has worked in public health and public health training for over 15 years in Colorado and currently works with the Casey Project in Cheyenne, Wyoming.

FOSTERING FAMILIES

INTRODUCTION

Fostering Families, a specialized foster care training program, offers a distinctive learning opportunity for caseworkers and foster parents throughout Colorado. Unique because this program is designed with continual input from foster parents and social services people who regularly work to meet the needs of children in out-of-home placement. This training project continues to evolve because of the on-going training program. To achieve the high accessibility for foster parents, training sessions are held in the evenings and on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week training sessions are held throughout the urban, suburban and rural regions of the State. Our goal is to create training situations where both foster parents and caseworkers are learning collaboratively in each session.

This module, Exploring Attachment to Primary Caregivers, investigates the attachment process and how attachment difficulties in the early years of an infants development affect positive growth and development for a child. In this training session, we describe attachment for an infant and a caregiver, present a continuum which describes varying levels of attachment and examine possible parenting approaches to foster the child. Another module has been developed, Parenting the Poorly Attached Child which builds from this module serve to further our understanding on poor attachment in older children who manifest longer term behavior and emotional problems stemming from poor attachment.

Each manual is written to provide a wide range of information on the topic area being addressed. In the training session it is unlikely that the everything in the manual is equally addressed. We recommend that the manual be read completely soon after a training session. We have been told that this helps greatly toward gaining a full understanding of the issue at hand. In this manual, there are several helpful charts that summarize important ideas and can be reviewed often when involved with a poorly attached young teen.

Colorado State University allows participants the opportunity to gain university credit when a series of training sessions are satisfactorily completed. During the session, the training instructor will review procedures for applying for credit.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity.

FOSTERING FAMILIES

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GLOSSARY OF KEY TERMS

Attachment	an enduring affectionate bond between two individuals that joins them emotionally
Attachment Behaviors	those behaviors whose purpose it is to bring the primary caregiver closer Example: crying, smiling, eye contact, sucking, etc.
Attachment Figure Primary Caregiver	the person chiefly responsible for meeting the physical and emotional needs of a child on a daily basis and with whom the child develops an enduring bond
Bonding	the process of attaching is also referred to as bonding which expresses both the tie between caregiver/parent and the quality of the connectedness
Care-giving behaviors	those behaviors given by the care giver whose purpose it is to respond to the infants attachment behaviors by touching, holding, rocking, smiling, eye contact, exploring, cuddling, stroking, cooing.

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LEARNING OBJECTIVES

1. Through discussion and presentation of material, participants will learn how healthy attachment occurs and how it can be promoted in the foster care system.

2. Participants will learn to identify basic attachment problem behaviors.

3. Participants will get beginning information on different methods of managing behavioral problems with either insecurely attached or poorly attached children.

4. Participants will consider probable long term effects of poorly attached children.

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Healthy Attachment

Lecturette #1

Probably one of the most important issues for children placed outside of the home of the birth parents relates to attachment. The question arises whether the child has been securely bonded (the process of attachment) to his/her birth parents, and how does this attachment process occur with foster parents?

Children can have an attachment to either the mother or father (Main and Weston, 1981). Main and Weston learned that the most secure attachments occur when children form an equal attachment with both parents. Note: the infant must first be attached to the primary care giver and, in most cultures, this is usually mother.

Bonding or attachment begins prenatally, when the parents develop an image of what their child will be like. The nature of the pregnancy, whether the pregnancy was wanted, the relationship between the mother and father, and how the fetus moves in the uterus will affect how the mother perceives the infant after birth (Fahlberg, 1979).

The attachment process, begun in the mother's womb continues after birth. When an affectionate healthy bond develops between children and their primary caregiver, it allows children to develop trust in themselves and others and lays the ground work for psychological, physical and cognitive development which is important for future relationships with others. A healthy attachment process provides a secure base from which developing children can move out and explore their environment.

<u>Group or Individual Activity</u>:

As a beginning point, ask training participants to consider the following questions. Indicate that these questions will be reconsidered throughout the training session.

Identify experiences that parents have had with attachment processes?

What is attachment?

How does attachment relate to children coming and going in the out-of-home systems for care?

Many child development theorists (Fahlberg,1979, Magid and McKelvey, 1987, and Bowlby, 1988) believe that attachment is necessary for the development of healthy autonomous, independent or self ruling adults capable of building and maintaining caring relationships with others. When the process of attachment does not occur, or is broken through repeated or prolonged separation from the primary caregiver, children do not develop trust in themselves nor do they trust that others will love or care for them.

A critical question is, "How does healthy attachment occur?" The answer lies in both the healthy attaching behaviors of infants and the parenting behaviors of primary caregivers (usually mothers). These behaviors have biological roots (Bowlby, 1970). That is, the infant is, to some degree, preprogrammed to behave in ways that bring the attachment figure (mother or primary caregiver) close and to keep her close, which serves the biological functions of protecting and caring for the infant (historically from predators). The attachment figure (mother or primary caregiver) is preprogrammed, to a certain degree, to respond to the infant's attaching behaviors. Chart A on the next page illustrates how this dynamic process occurs. The attachment figure learns the details of how to respond from her own personal experiences with the infant. She learns what it is like to be an infant, and she learns some specifics of parenting from the way her parents treated her as a child and from observing and experiencing other parenting situations.

<u>Group and Individual Activity:</u>

Examine Chart A entitled "Dynamics of Attachment."

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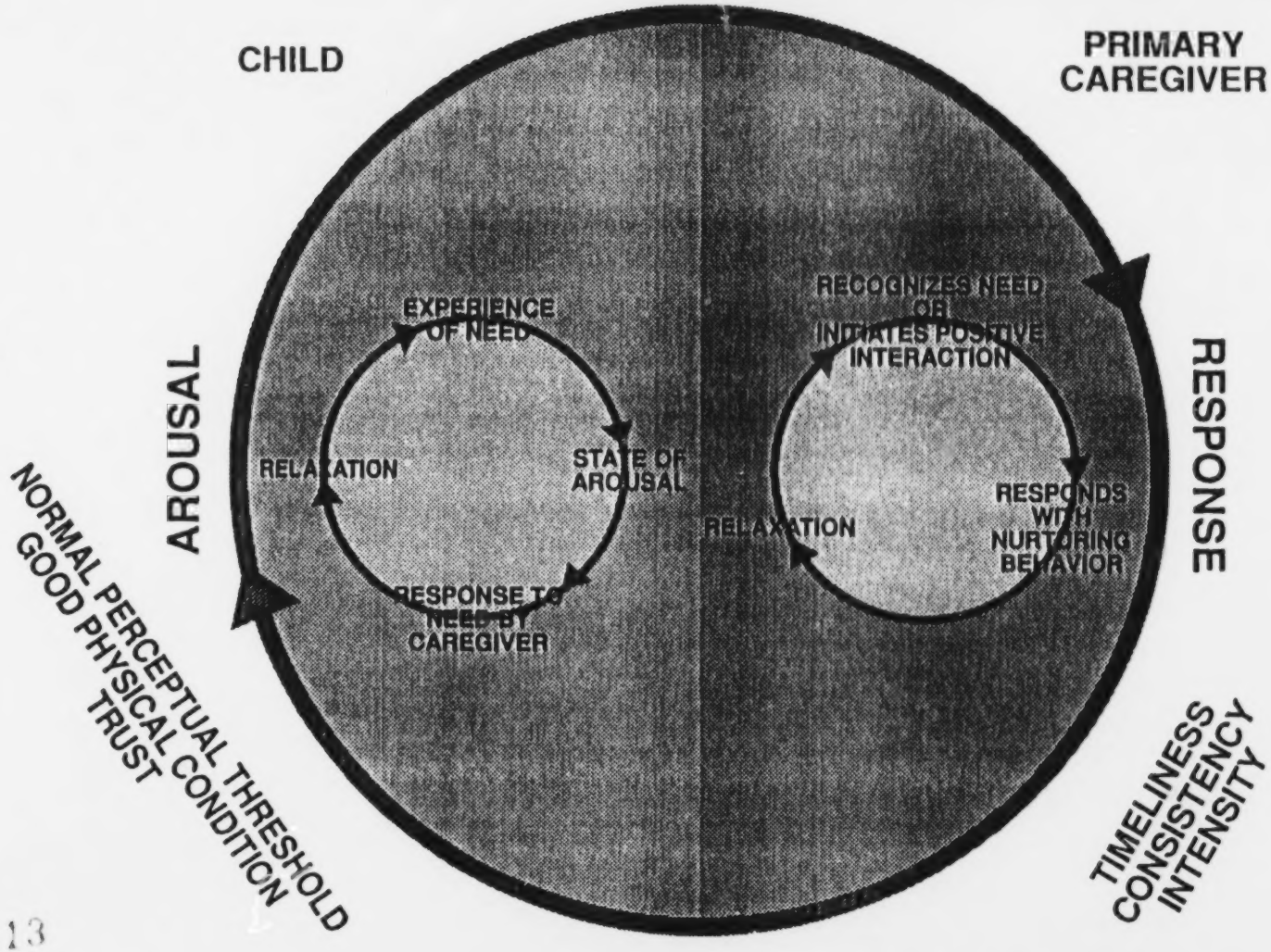
CHART A

DYNAMICS OF ATTACHMENT



ADAPTED FROM VERA FAHLBERG (1979)

The caregiving behaviors of the mother begin soon after birth, when mother engages in what is called "claiming" activities. These activities include the touching and exploring that the mother does with her newborn until she reaches the point of feeling that the baby belongs to her.
The caregiving or parenting behaviors contain responses to the attaching behaviors of the infant. Vera Fahlberg (1979), refers to the arousal-relaxation cycle, in which the baby experiences a need (although he/she may not know what it is), expresses displeasure (crying), the mother responds by recognizing the need and satisfying it, which results in the quieting or relaxation of the baby. When the mother is consistently available physically and emotionally to respond within a reasonable amount of time, the infant develops trust, a sense of security, thus attachment.

In addition to crying, other attaching behaviors include smiling, eye contact, and sucking, and, at older ages, cuddling, reaching and clinging. All of which are designed to keep mother in close proximity.

It is the social interaction between mother and infant, not simply providing nourishment that results in attachment. For example, cuddling, rocking, stroking and cooing are parenting activiites that lead to attachment.

Lecturette #1 - Continued

According to John Bowlby, a pioneer in the study of attachment, there are two factors that determine the level and quality of attachment between mother and child. These are *the speed and intensity with which the mother responds to the infant's attaching behaviors and the extent to which the mother initiates interaction with the baby* (Bowlby, 1970).

In this lecturette, we identified attachment as a strong emotional bonding process between the infant and the primary caregiver. We recognized that specific behaviors of the infant and the caregiver lead to attachment. This was illustrated in the chart showing the role of the arousal, response, and relaxation cycle in the attachment process.

Group And Individual Activity:

Have fun working on Exercise #1!

FOSTERING FAMILIES

BECOMING HUMAN: STABILIZING THE INNER & OUTER EXPERIENCE FOR THE INFANT

A READING

D. W. Winnicott, a pioneer in therapy with young children, once said, "There is no such thing as a baby." By this he meant that a baby cannot exist alone. A care-giver must be present and able to offer safety, nourishment and love in order for the baby to thrive and become human with all the potential to make a place in a human community and, in turn, create a viable family for the future. Before this can happen, two things are essential in the initial year of life. These are discussed below.

Stabilizing An Inner World

The foundation of the human mind comes from early experiences in the body. The mother or father (as primary caregiver), by promoting attachment, make it possible for the baby's forming mind to create a stable inner world in a very basic way. The parents literally help organize the new brain with their care and nurturing.

As the mother proves reliable in managing the child's body needs, the baby is able to form some perceptions of the world and settle into patterns that identity their world. For example, hunger, cold, body tension, pain, sudden loud noise(s) or sudden stimulation are "bad." The body contracts or moves away from those experiences. Feeding, sucking, being held, warmed, being relieved of pain or tension are "good." The body then relaxes into those experiences.

At this primitive stage just about anybody could serve as caretaker because it is the functions of the mothering that are important for the survival of the 'not-yet-fully-human person." In the early months of life we are bundles of energy. The point of all this energy is to create, through our pre-programmed attachment processes. What is to be created is an organized central core that can make the world coherent. At this point, something we would call "a mind" does not exist meaning that the infant is neither thinking through action and reaction patterns, nor using words to represent thoughts, nor creating ideas from his thoughts and observations.

BECOMING HUMAN: STABILIZING THE INNER & OUTER EXPERIENCE FOR THE INFANT

A READING

Movement from Inner World to Outer World

Beginning around the fourth month of life, the baby begins to center their experience more and more on the caregiver who keeps things predictable and safe. Safety at this level represents a security for the infant and therefore a belief that the caregiver also will provide freedom from bodily pain and discomfort. The infant has learned then that bodily comfort depends on the caregiver, usually mother's, nearness, attentiveness and responsiveness.

The growing baby also learns that when mother is gone, s/he may experience more painful states of being and experience prolonged periods of pain in her absence. This simple association is a powerful incentive towards strong mother/infant bonding. Freud's "pleasure principle" identified a simple fundamental truth: we tend to seek pleasure and avoid pain. This is especially evident in this early period of life.

Over time, if bodily needs are reliably met, the infant's bodily preoccupation moves into the experiential background and the "object" of his need, the caregiver/mother, moves into the foreground. The infant becomes able to use his thought processes to capture the idea that mother, or the primary caregiver, is very special. A special bond develops: mother becomes the center, the maker, and the mediator of all experiences. She now becomes valued not just for the functions she serves but for her self.

The Beginning of Play

As preoccupation with bodily needs recedes and the perceptual and motor activities of the body and brain begin to coordinate reliably, the baby comes into a period of development that is enjoyable for parents and is remembered as special. Usually within the sixth to eighth month, the baby is capable of focused attention with caregivers. In these moments, touching, cooing, talking and mutual looking become important to caregivers and baby alike. Sounds and motions express deep emotional bonds of caring, joy and love.

A rhythm of interaction begins to be established. Unconsciously, rules or boundaries for behaviors are created that have to do with what level of stimulation and activity is optimal to sustain the emotionally safe blanket of relatedness. Play, defined in part as the process of discovery, truly begins here. Some experts would suggest that cultural patterning begins here, through the process of play.

An Emergence of Personality

In these moments of playful interaction, mothers and fathers often say that they begin to see a personality emerging. Heinz Kohut said something similarly when he said: *The nucleus of the self is formed by the mother's experience as she gazes at us in the cradle. What she sees there, and mirrors to us, forms the core of our own self-feeling and identity.*

The Developing of the Social Being

The first three years of a healthy baby's life offer us a chance to witness something like a miracle. Here we can watch the baby grow from a "biological being" to a social, "human" one. This is an important aspect of defining attachment because attachment should be understood as the process where we grow beyond base instincts and our "material nature." We become more than just stimulus-response creatures, more than warm machines. A human being emerges with a unique mix of physical, psychological and emotional (including temperament itself) traits and the capability to interact with the wide range of people in his/her world.

The end goal in the process of becoming human is to create the environmental and social conditions where a person can become competent and healthy, able to participate in the broad world of family institutional and community life, and able to share in the vast array of actions and ideals of his/her cultural and the larger society.

FOSTERING FAMILIES

Cartooning Attachment!

Exercise #1

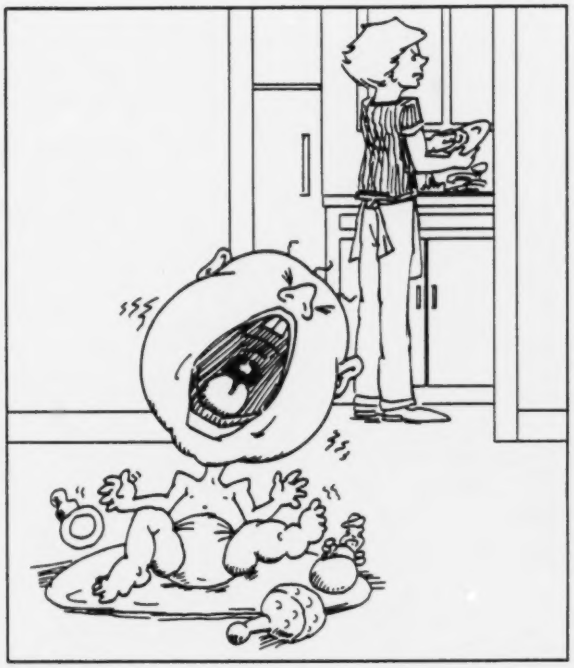
INSTRUCTIONS

Sometimes visualizing a situation is helpful as we are learning something. Since the process of bonding and attachment involve so many behaviors from the infant to the caregiving parent, we thought it would be fun to draw some pictures of attachment!

Turn to the next page. Examine the cartoon at the top of the page. One box illustrates the process of the infant in distress and the caregiver is in the background. The other box shows a different scene of a mother and infant--a picture of infant arousal and caregiver responsiveness.

The trainers will pass out crayons or colored pencils for each trainee. **Artistic ability is not necessary at all when we ask you to draw**! Please take a few minutes and sketch out two (2) cartoons about attachment. Maybe you remember some special experience in the attachment and bonding you had with a child that was extremely unique.

It will be fun to show the cartoons around to fellow trainees!



"I need you right NOW!"

"Now that feels good."

FOSTERING FAMILIES

FAILURE IN THE ATTACHMENT PROCESS

Lecturette #2

Failure in the attachment process may occur as a result of various factors. Many of these factors are particularly relevant to the foster care situation.

Vera Fahlberg (1979) describes several causes which we have grouped according to where the cause primarily originates:

A. Problems Primarily With The Infant-

*Child may not experience displeasure or discomfort because they have a higher than normal threshold for pain and discomfort (as in the case of premature infants who may not perceive internal discomfort).

*Parents try to respond but are unsuccessful in relieving the discomfort as with children with organic problems such as colic or birth defects.

B. Problems Mainly With The Environment:

*Parents continually fail to respond to child's attaching behaviors as in the case of severe child neglect.

*Parents consistently anticipate and meet the child's needs before he/she experiences any discomfort. Therefore, the child does not experience the arousal-relaxation cycle that leads to attachment.

*The child experiences the loss of the primary caregiver either physically or emotionally i.e. when mother is depressed, hospitalized, dies or child is removed from the home.

*The child experiences frequent disruptions in care, which does not allow him/her to develop a specific bond.

Bowlby (1988) believes that prolonged and/or repeated separations during the first three years of life result in a break in attachment. He goes on to state that when parents use threats of abandonment as a means of punishment, the consequences to the child are the same as actually being abandoned.

Long-range effects of lack of normal attachments include psychological or behavioral problems, cognitive problems, and behavioral problems.

Individual or Group Activity:

Complete Exercise #2 entitled "Exploring the Long-Range Effects of Poor Attachment."

FOSTERING FAMILIES

EXPLORING THE LONG-RANGE EFFECTS OF POOR ATTACHMENT

Exercise #2

Instructions

This exercise can be done either by forming groups of 3-4 or by having each participant work individually on the exercise and then talk about the work as a full group.

In the right hand column are some examples of poor attachment. In the left hand column, think of different behaviors that illustrate the "effect" and write down a brief description of how these examples of poor attachment would look behaviorally from a child between the ages of 4 to 6.

EFFECT	EXAMPLES OF BEHAVIORS
1. Trouble with cause and effect thinking.	1.
2. Often exhibits lack of self-control.	2.
3. Shows little guilt or remorse.	3.
4. Affection is generally rejected.	4.
5. Has chronic fears and worries.	5.

FOSTERING FAMILIES

ASSESSING THE CHILD'S LEVEL OF ATTACHMENT

Lecturette #3

Levels of Attachment

Attachment is not an "either or" issue. In the foster care system we see various levels of attachments and many issues evolving from varied levels of attachment.

Ainsworth (1971) describes four levels of attachment. Magid and McKelvey (1987) have created an illustration of attachment on a continuum from "extremely bonded and attached [children]" to "extremely unbonded and unattached [children]." For our purposes, the following four levels of attachments describe a continum of mother/infant attachment.

1) The **securely attached** children feel confident that their parent figures will be there to provide comfort and assistance when needed. This trust allows children to explore the world around them. Parents report that these children are relatively easy to console, to give and receive affection.

*2) The insecurely attached children (ambivalently attached or anxious resistant) are not sure that their parent figures will be there to take care of them. They are more likely to experience severe separation anxiety, be clinging, and less willing to explore their worlds. These children are ambivalent, wanting their parents present but simultaneously resisting their touch, love and affection.

*3) The poorly attached children (**anxiously avoidant**) have no confidence that they will receive care when they seek it. In fact, these children expect to be rejected. They will try to live their lives without love and support by becoming emotionally self-sufficient. In most cases they may not be able to give or receive love and affection (Bowlby, 1988).

4) The unattached child is most difficult as they don't belong to anyone. They are like "lost souls." These children grow with limited understanding of cause and effects from behaviors. These children don't give love or accept love. These children have experienced sustained parental rejection.

*Note: Other professions may call insecurely attached and poorly attached children unattached children.

Individual or Group Activity:

Examine Figure A entitled "The Conscience of Humanity."

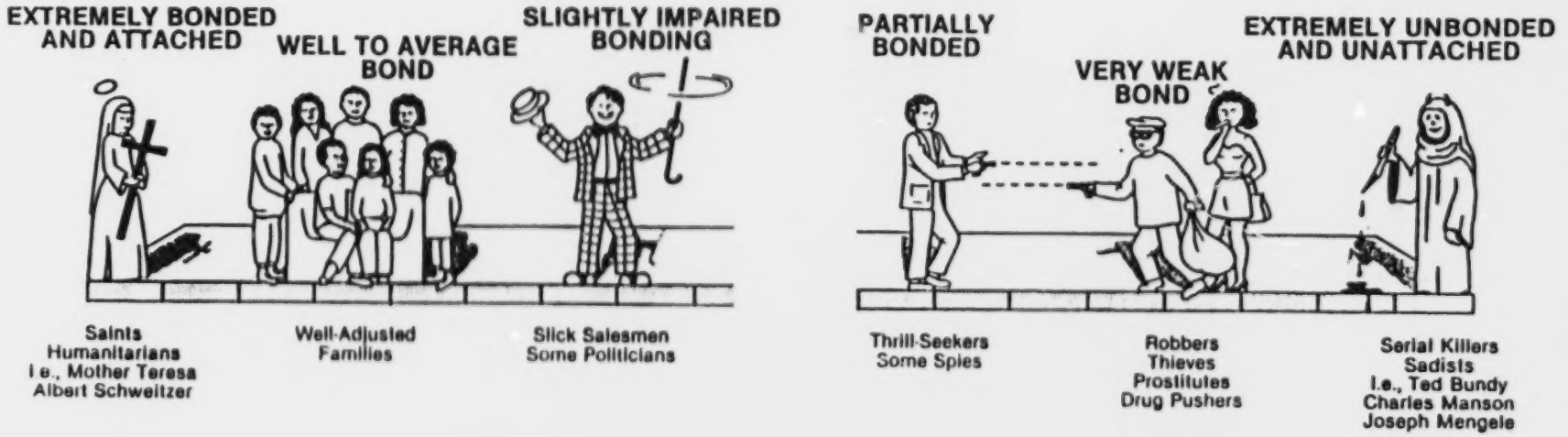
Assessing Behavioral Patterns in Children with Attachment Problems

One of the issues facing foster care workers and foster parents is how to recognize the child with attachment problems. According to Fahlberg (1979) and Magid and McKelvey (1987) these children exhibit identifiable patterns of behavior. Some of these behaviors include:

FIGURE A

FOSTERING FAMILIES

THE CONSCIENCE OF HUMANITY



Reprinted from Ken Magid and Carole A. McKelvey's book entitled High Risk: Children Without a Conscience. N.Y.: Bantam Books, 1987.

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Poor eye contact: In abusive families where control is an issue, eye contact is discouraged or punished because parents interpret it as an attempt at control by the child. Abused children tend to observe their surroundings by means of side-long glances.

Withdrawal: Withdrawal can take several forms. The child can actually withdraw physically (spend a lot of time in his room or pull away when hugged), or withdraw emotionally, or cringe (as though he were afraid). The child indicates that he/she doesn't want to be close or held. The adult stays away to keep from frightening or disturbing the child.

Chronic anxiety: Children with attachment problems tend to be very fearful that the parent figure won't be there for them when they need care or comfort. This is especially true of children who have had abrupt changes in their lives. They are generally possessive, clinging and fearful of being abandoned.

Aggressive/hyperactive behavior: It is very difficult to get close to a child who is kicking, hitting, biting or moving all the time. Most adults give up after awhile. (The child is successful at keeping the adult at a distance so he/she will not be hurt physically or psychology.) The child has unresolved anxiety, anger and rage which is displayed in his/her daily environment.

Indiscriminate affection: Because these children do not have an internalized object to provide them with a model of behavior they don't know how to respond to other humans. Their affection is often phony and insincere.

They are as likely to respond with affection toward strangers as toward their own parents or caregivers. Strangers, however, don't usually know that the child is indiscriminate in their affection. In fact, the stranger could end up hurting the child unintentionally. Similarly this child generally has few friends and takes up with strangers attempting to fill a void. However, the stranger may appear (or be) unreliable in the relationship, thus reinforcing the child's poor attachment process.

Over-competency: Many of these children insist on doing everything for themselves. They appear to not need parenting. When they do need help, they grant permission to the parent to help them, such as saying, "You may button my dress." At other times, they will appear less mature than their age, especially when feeling frustrated.

Lack of self-awareness: In abusive or neglecting families, the child does not learn to recognize certain kinds of discomfort and associate that with what brings relief. As a result these children tend to lack awareness of their own bodies. They may overeat, wet the bed and soil themselves. They may be unaware of extreme temperatures and often don't react to pain. Sometimes they inflict injury on themselves.

Control battles: Because these children have not developed much trust and because they have witnessed family power struggles, they have problems accepting outside control. They will constantly test the limits placed on them by others. Outwardly they appear to need to be in control, while inside they feel insecure and out of control of their lives. Their resistance to controls leads them to problems in a structured school setting where they are often labelled immature, emotionally disturbed, or learning disabled. They frequently use manipulation as a means of control.

Delayed conscience development: Children who do not have an internalized parent as a result of poor attachment do not have the motivation to please that parent. Consequently, they do not develop a conscience rather they seek only to please themselves. They are prone to cruelty of animals and other children, lying and stealing. When caught, they have no remorse, no sense of guilt. They may deny their actions in spite of overwhelming evidence. Stealing, hoarding, and gorging food is common among these children. They have a constant feeling of emptiness that they seek to fill with food.

Cognitive Dysfunction: In addition to specific behavior patterns Magid and McKelvey (1987) and Fahlberg (1981) identify several cognitive problems related to attachment issues. During the first year of life, children learn how to learn from their interactions with their mothers. The reciprocity of the mother/child relationship helps the child sort out his/her perceptions of the world and what those perceptions mean. The arousal/relaxation cycle teaches the child cause and effect relationships. A child who has had a break in the attachment process will have difficulties with cause/effect thinking and may be interpreting new experiences from a base of misperceptions. This is distorted thinking. In addition, these children may exhibit signs of speech pathology and learning disabilities. Both of these symptoms may in fact be part of the manipulative behaviors discussed earlier or learning lags due to poor modeling. However, these may also be symptoms of minimal brain dysfunction caused by mothering that was inadequate to foster a reasonably organized nervous system in the child. The child may be hyperactive, easily distracted, impulsive, subject to emotional ups and downs, and overreact to incidences.

FOSTERING FAMILIES

MANAGING POORLY ATTACHED FOSTER CHILDREN

Lecturette #4

The behavioral patterns that are seen in an individual child in foster care reflect the way his/her parents treated him/her, his/her environment and his/her own particular psychological traits. Children with attachment problems generally do not know internally that adults love them or that they will take care of them. They do not trust these adults; they do not trust themselves.

Managing the behavioral problems of foster children who are poorly attached must focus on building trust and attachment between the child and a primary caregiver. If a child is able to attach to the caregiver he/she is more likely to be able to attach to birth parents when reunited or to other caregivers if necessary.

Because the child does not trust him/herself efforts to correct the child's behavior must be directed toward building his/her self-esteem and helping him/her to be successful (Fahlberg, 1981). Foster parents, by the way they treat the child and by their responses to attachment problem behaviors, can help the child learn to trust him/herself and his/her adult caregiver.

Foster care workers can assist foster parents and birth parents to learn new response patterns that promote attachment and reduce attachment problem behaviors. Examples of positive parental responses to specific behaviors that stem from attachment problems are outlined in Chart B.

According to Vera Fahlberg, the role of foster care is to provide an environment that allows the child to form a healthy attachment to a parent figure, enabling the child to move on to other developmental tasks and to relate to others. The foster care system needs to help the child develop a sense of trust and self-reliance.

The long-term effects of prolonged or repeated separations from the parent figure before the age of three has already been discussed. It is important that the foster care system considers these traumatic effects when contemplating placing a young child or changing a placement. Every effort needs to be make to work with the biological parents to promote bonding, improve the environment, and maintain the child in the birth parents' home. When it is necessary to place a child under three, it is important that foster parents be screened for their understanding of the attachment process and their ability to form an attachment with the child. It is also critical that the child be placed in a home where there is the least likelihood of a replacement.

Individual or Group Activity:

Review Chart B entitled "Managing Behavior Related to Attachment Problems."

If time permits in groups, or at home, examine Case Study #1.

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FOSTERING FAMILIES CHART B

MANAGING BEHAVIOR RELATED TO ATTACHMENT PROBLEMS

Behaviors	Child's Need	Foster Parent Responses
Withdrawal	Needs gentle, persistent encouragement to be close	Allow child to earn withdrawal time by first spending time with parent figure. Provide many quick demonstrations of affection throughout the day. Avoid prolonged periods of physical affection initially.
Poor eye contact	Needs gentle, persistent encouragement to make eye contact	Verbally express a preference for eye contact. Sit face-to-face with child. Move finger between own eyes and child's eyes, or place finger under the chin.
Aggressive/ hyper-active behavior	Needs to recognize and deal with feelings appropriately. Child needs to overcome fear of his own strong feelings.	Give child time out. For some foster children, being sent to his room may reinforce his feelings of rejection and abandonment. May want to keep him/her close to help him maintain control over her/himself. Give the child time out in a chair sitting in the same room as you. "When you figure out what you are doing wrong, how you can do it differently, and we can discuss it, then you may get up with my permission first."
Indiscriminate Affection	Needs to learn to be close to one set of parents or maybe just one parent figure.	Reach an agreement with the child that when she/he feels a need to be close to someone, she/he will come and sit close to you. Remind the child of your agreement whenever he/she shows affection toward strangers.

Behaviors	Child's Need	Foster Parent Responses
Over-competency	Child should not be allowed to determine how much parents can parent him/her.	Give child messages about <u>wanting</u> to do things for him/her. <u>Gently</u> discourage child from parenting other children. Make it clear that you are the parent. Do <u>not</u> allow the child to "boss" you.
Lack of self-awareness	Needs to learn to associate specific forms of discomfort with specific forms of relief.	Help child identify bodily sensations. Use statements like, "You must be full; you ate such a nice lunch." May need to take child through toilet training.
Control issues (Most noticeable during toddler stage, at age 4, and during adolescence).	Child needs to learn that minding does not mean losing.	If the parental request is reasonable then use one of two disciplinary techniques: 1) Allowing the child to choose between two good choices. 2) Establishing consistent and logical consequences for actions. Do <u>not</u> get involved with control battles over eating and eliminating. The child will always win.

FOSTERING FAMILIES

CHART B CONT'D

Behaviors	Child's Need	Foster Parent Responses
Delayed conscience development	Needs to learn to trust the adult; that the adult really cares about him, will protect him from making serious mistakes, and will set limits based on childs needs; and that the adult will stick up for him when the child needs it. Child has to be able to abstract right & wrong: child also needs to succeed in individuation process.	Build trust and attachment with the child under junior high age. Until trust is built keep eyes and ears open. Maintain good communication with other adults who work with the child. Do not put the child in a position where he/she feels that lying is their only option. Be exceptionally truthful yourself. Be clear and specific about rules and expectations. Provide meaningful consequences for the problem behaviors. Point out mistakes that you make. This makes the child learn that it is okay to make mistakes. We learn from mistakes. Help kids develop internal discipline process.

The placement or movement of an older child creates a high level of anxiety for the child. This is similar to the arousal/relaxation cycle discussed earlier in relationship to the bonding of infants. If the foster parent helps the child express all of his/her feelings (sometimes this is the anger and rage equal to an out of control two year old) and accepts the feelings of the child, the body tensions of the child will be released. At the time the body relaxes, the child is open to bonding or attaching behaviors. Trying to make the child feel better is not helpful. Helping the child identify and deal with his/her feelings promotes attachment and feelings of security (Fahlberg, 1981).

Fahlberg suggests that another way to promote bonding is for the foster parent to initiate positive interactions with the child. If the child responds positively then both parties are likely to continue the interaction. The child in foster care is most likely to respond positively soon after being placed, when he/she is in the "honeymoon period." Once the positive interaction is established, it is more likely to continue, resulting in eventual attachment.

Foster parents can further promote attachment by involving themselves in **claiming behaviors**, the same way a mother of a newborn claims her baby. The foster parent would spend large amounts of time looking at the child and being attentive to what it is about this child that is unique.

Touching, caressing and holding the child are part of the claiming process though there may be a period of time where this is not accepted by the child. If the child is under the age of 5 years, the foster parent mother figure could have special holding time with the child each day where the child is held and rocked and fed a special treat, say cookies and juice (with the juice coming from a biker's water bottle).

Since a child's parental model is internalized by around age 11, it is difficult (maybe impossible) for attachment to occur after that time (Magid and McKelvey, 1987). The most realistic role for foster parents who care for older children is to provide a safe, caring environment and offer guidance that builds specific problem-solving type skills, so that the adolescent with attachment problems can learn the skills he/she needs to become an independent adult.

FOSTERING FAMILIES

ASSIGNMENT FOR PARTIAL CREDIT

TIM: A CASE STUDY
Case Study #1

Consider the brief description of Tim as written below. Discuss the questions on the next page. If you are interested in receiving partial credit please mail your responses to the project director.

Tim

Tim is 4. Police officers found him wandering in a community approximately 2 miles from his home at about 5 a.m. When they located his mother, she was living with a man in a rented motel room. The two were both high on drugs. The couple was taken into custody.

Tim was placed in the Henry's foster home late that afternoon. Mrs. Henry called the caseworker when Tim arrived and heard about the mother's arrest.

Over a period of several months Tim did things that disturbed Mrs. Henry and she was now not sure she could continue having Tim in her home.

She said that he was extremely active. He ran through the house and would play outside until he seemed like he should drop from exhaustion. Tim would also wander off seemingly unaware of his movements.

When the worker visited Mrs. Henry, yesterday, she learned that Mrs. Henry was very frustrated that Tim pulled away from her physical gestures and she was sad that Tim did not seem to show any affection for her.
Mrs. Henry had decided that Tim did not seem to need a parent and she felt he was not right for their home. Mrs. Henry seemed relieved when the worker said that she would find a different home for Tim, even though it would take a week or so.

FOSTERING FAMILIES

ASSIGNMENT (Continued)

After reading through the case study about Tim, consider the following questions:

1. What are attachment behaviors exhibited by Tim?

2. What would you imagine to be the cause(s) of Tim's poor attachment to Mrs. Henry?

3. What would be an optimal type of situation that the worker might seek for Tim?

4. What information and advice might you give Mrs. Henry for the period that Tim will remain in her home? In other words, how might she cope with Tim so that she is less unhappy?

5. Examine Chart B again. What ideas come to mind about how Tim might be better helped to gain some possible growth?

Mail to:

Dr. Mona S. Schatz
Fostering Families Project
Colorado State University
Social Work Department
Ft. Collins, CO 80523

NOTE: You are welcome to use more paper if needed. And, would you please make your a copy of this work if you are submitting it for credit. Thank you.

KEY POINTS

1. Attachment or strong emotional bonding between caregiver and infant lays the foundation for healthy psychological, physical, and cognitive development in a child. Attachment sets the stage for future interactions with others and the environment.

2. Attachment is not an "either or" issue but rather occurs on a continuum from securely attached to unattached. Various levels of attachment and the behavioral problems evolving around attachment are seen in foster care.

3. The dynamics of attaching and the claiming behaviors that are involved in bonding are important for the infant and primary caregiver. Attachment is the first task for the infant toward gaining a sense of trust. As a child grows to school-age, s/he must build from this attachment and bonding experience. If, as a child reaches school age, s/he has experienced poor or unsuccessful parental responsiveness in the attaching process, that child will manifest behaviors to compensate for the loss of attachment.

4. Poorly attached children exhibit identifiable patterns of behavior. Learning to recognize the poorly attached child is important for caseworkers and foster parents.

5. Foster parents can promote attachment and reduce problem behaviors of poorly attached children through positive interactions with the child, strong nurturing, and structural parenting. These interactions should be directed toward building trust and his/her self-esteem.

6. Sometimes foster parents may not be able to reach a poorly attached child. If this occurs, it is important to remember they have not failed as parents. The child's age and degree of attachment play an important part in the process.

The books and articles below were used to develop this module and offer indepth discussions of early infant attachment as well as address the problems of poorly attached children and adolescents.

Bowlby, J. (1973). Attachment and loss Vol. 2: Separation. NY: Basic Books.

Bowlby, J. (1988). A secure base. NY: Basic Books.

Fahlberg, V. (1979). Attachment and separation. Michigan Department of Social Services.

Fahlberg, V. (1981). The child in placement: common behavior problems. Michigan Department of Social Services.

Karen, R. (1990). Becoming attached. Atlantic Monthly, Vol.265 (2).

Magid, K. and McKelvey, C. (1981). High risk: Children without a conscience. NY: Bantam Books.

Main, M. and Weston, D. (1981). The quality of the toddler's relationship to mother and father: related to conflict behavior and readiness to establish new relationships. Child Development, 52, 932-940.

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW _ _ _-_ _ _

Name: _____ Soc. Sec. #: _____

Address: _____ Phone: _____

_____
(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

EXPLORING ATTACHMENT TO PRIMARY CAREGIVERS

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

		Not Well Addressesd				Very Well Addressed
1.	Through discussion and presentation of material, participants will learn how healthy attachment occurs and how it can be promoted in the foster care system.	1	2	3	4	5
2.	Participants will learn to identify some basic attachment problem behaviors.	1	2	3	4	5
3.	Participants will get information on some different methods of managing behavioral problems with poorly attached children.	1	2	3	4	5
4.	Participants will consider long term effects of unattachment on children.	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 - Very Poor
2 - Poor
3 - Adequate
4 - Good
5 - Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training..... (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual.....	1	2	3	4	5
3. Participant responsiveness.....	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns.....	1	2	3	4	5
5. Your interest in the training session.....	1	2	3	4	5
6. Your comprehension of the material presented.....	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 - Totally inadequate and ineffective
2 - Generally inadequate and ineffective
3 - About half and half
4 - Usually adequate and effective
5 - Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter.....	1	2	3	4	5
2. Preparation.....	1	2	3	4	5
3. Ability to communicate.....	1	2	3	4	5
4. Style of presentation.....	1	2	3	4	5
5. Enthusiasm/interest in subject matter.....	1	2	3	4	5
6. Overall performance.....	1	2	3	4	5
7. Ability to facilitate.....	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation.	1	2	3	4	5

COMMENTS: Please be specific:_____

_____

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. #__ __ __ __

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # __ __ __ __

2. Circle correct role: 1. worker 2. foster parent
   3. Other_____(please specify)

3. Date __ __ - __ __ - __ __

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
   1. Hispanic
   2. Black, not of Hispanic origin
   3. Asian-American
   4. American Indian
   5. White, not of Hispanic origin
   6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:
    1. all under 5
    2. all under 10
    3. all under 15
    4. all under 18
    5. all over 18
    6. some under 18 & others over 18
    7. none

12. Highest level of formal education: (please circle one)

    1. some high school
    2. high school graduate
    3. some college
    4. college graduate
    5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?

    1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify)_____
    3. Both County Department of Social Services and Private.
    4. Indian/Tribal
    5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:
    1. all under 5
    2. all under 10
    3. all under 15
    4. all under 18
    5. all over 18
    6. some under 18 & some over 18
    7. no children now
    8. not yet foster parents
    9. other_____

19. Is at least one parent in the home providing parenting and supervision?
    1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

    1. 0 - 24 mos.
    2. 1 - 6 years
    3. 0 - 12 years
    4. 0 - 18 years
    5. 0 - 21 years
    6. short term/emergency

.....

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

    1. County Department of Social Services
    2. Private Child Placing Agency (please specify) _____
    3. Indian/Tribal
    4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:
    1. Caseworker I
    2. Caseworker II
    3. Caseworker III
    4. Supervisor I
    5. Supervisor II
    6. Foster Case Trainer
    7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years